**KILBRONEY INTEGRATED PRIMARY SCHOOL**



**CONSENT FORM**

**USE OF INHALER**

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and the school also holds a spare inhaler prescribed for my child.
3. In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are unusable, I consent for my child to be brought to A&E.

**Signed**……………………………………………………………… **Date**…………………………………

**Name** (print)………………………………………………………………………………………………………………

**Child’s Name**…………………………………………………………… **Class**………………………

Details of inhaler and prescribed dosage:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………



**Kilbroney Integrated Primary School**

**15 Cloughmore Road**

**Rostrevor**

**Co. Down**

**BT34 3EL**

Child’s name: ……………………………………………………………………………………………………………………………………………

Class: ……………………………………………….

Date: ……………………………………………….

Dear ………………………………………………………………………,

This letter is to formally notify you that ………………………………………………….. has had problems with his/her breathing today at ………………………………………… This happened when (brief description of what happened) ………………………………………………………………………………………………………………………………….…………………………………………………………….………………………………………………………………………………………………………………………………….

………………………….………………………………………………………………………………………………………………………………….

A member of staff helped them to use their inhaler.

**The inhaler used was (please tick box that applies)**

Pupil’s own prescribed inhaler

Pupils own prescribed spare inhaler

Number of puffs given ……………………………

Signed ……………………………………………………………………………………………………………..